




KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 11-121	PAGE NUMBER 1 of 3						
		SUBJECT: DECISION MAKING: Release Checklist							
Approved By:  Secretary of Corrections		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Original Date Issued:</td> <td style="text-align: right;">02-06-06</td> </tr> <tr> <td>Current Amendment Effective:</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>Replaces Amendment Issued:</td> <td style="text-align: right;">N/A</td> </tr> </table>		Original Date Issued:	02-06-06	Current Amendment Effective:	N/A	Replaces Amendment Issued:	N/A
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Reissued By:  Policy & Procedure Coordinator		The substantive content of this IMPP has been reissued as per the appropriate provisions of IMPP 01-101. The only modifications within the reissue of this document concern technical revisions of a non substantive nature. Date Reissued: 03-31-11							

POLICY

In order to provide verification that an inmate has received all applicable release documents/materials, medications, funds, property, etc., a release schedule/checklist shall be completed and signed by both designated facility staff and the inmate prior to his/her release.

DEFINITIONS

Releasing Inmate: Any inmate released from a correctional facility via a KPB decision, conditional release, guidelines release, sentence discharge, maximum sentence expiration, or court ordered release.

Release Schedule/Checklist: The form used to verify that an inmate has received all release paperwork, medication, funds, and property.

Institutional Parole Officer (IPO): A facility staff member working with facility unit teams and field parole staff in coordinating and tracking parole related issues and providing technical assistance to facilitate the timely release of offenders on parole.

Keep On Person Medications (KOP): These are medications the inmate is issued by the health care provider to carry on his own person.

VOR: Abbreviation for Violent Offender Registration

NCIC: National Crime Information Center, a national automated information system established as a server to all local, state and federal criminal justice agencies.

PROCEDURES

- I. **Each facility shall institute a process whereby a checklist is completed prior to an inmate's release.**
 - A. The checklist shall be verified as completed prior to an inmate's release.
 - B. A staff member and designee in each of the following work areas shall be identified as a contact person responsible for ensuring that those items in their area of responsibility are completed:

1. Records Office;
 2. Business Office;
 3. Clinic; and,
 4. Institutional Parole Services.
- C. The following mandatory items shall be included on a release schedule/checklist (Attachment A):
1. NCIC Query per IMPP 05-108;
 2. Compact Release Notification (as required);
 3. Detainer Check;
 4. Transportation Arrangements;
 5. Final Good Time award entered;
 6. Victim Notification;
 7. Sexually Motivated Indicator "Yes", has MDT reviewed for commitment;
 8. Central File checked for inmate identification, etc;
 9. Federal Release Notification (as required);
 10. Close Inmate Accounts, including Work Release;
 11. Gratuity;
 12. Inmate Funds;
 13. Medication;
 14. KOP meds;
 15. Medical appliances returned (as required);
 16. Medical discharge/Follow-up instructions;
 17. Final release plan submitted;
 18. Field Services notified;
 19. Reporting instructions from IPO to Inmate;
 20. Final Release Paperwork to Records/Classification; and,
 21. New Photograph as Required by Applicable Procedures of IMPP 12-131.
- D. Other items within a facility other than those listed above may be included in the review process, as deemed appropriate by the facility general orders.

II. The release checklist shall be initiated no less than five (5) business days prior to the inmate's release, or scheduled transfer to a releasing facility.

- A. The release checklist shall be completed electronically through the use of a shared folder and must be completed by the close of business on the day prior to the inmate's release or transfer for release. If an item is not completed, the designated staff member(s) in the responsible area shall receive a call/message and they will have to complete task immediately.
- B. If an inmate is transferred to another facility for release directly off the transport hub, the checklist must be completed and final signatures obtained by the originating facility.
- C. If an inmate is transferred to another facility for release at a later date, all mandatory sections of the checklist must be completed except for the area relating to the inmate's gratuity. The transferring facility shall ensure the inmate's funds are processed prior to transfer. The checklist shall be forwarded to the releasing facility where the inmate's gratuity shall be calculated, the checklist completed, and final signatures obtained upon release.
- D. The checklist is to be forwarded to the Records Office for imaging, rather than placement in the inmate's central file.
 - 1. The checklist should be Imaged as document RELSCHL2 under Tab L2

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

None.

ATTACHMENTS

Attachment A – Inmate Release Checklist, 1 Page.

Inmate Release Checklist

Facility: _____

Inmate Name: _____ Inmate Number: _____

Date of Release: _____

<u>Release Action</u>	<u>Responsible Area</u>	<u>Completed by</u>	<u>Date</u>
<input type="checkbox"/> Release Schedule			
<input type="checkbox"/> Parole Paperwork			
<input type="checkbox"/> Detainer Check			
<input type="checkbox"/> V.O.R. Form / Finger Print Cards			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Victim Notification			
<input type="checkbox"/> N.C.I.C.			
<input type="checkbox"/> Final Good-Time			
<input type="checkbox"/> Sexually Motivated Ind.			
<input type="checkbox"/> Compact Release Notification			
<input type="checkbox"/> Federal Release Notification (If Applicable)			
<input type="checkbox"/> Check Inmate File for Property			
<input type="checkbox"/> Inmate Incentive Pay			
<input type="checkbox"/> Close Inmate Personal Accounts (W/R if Appl.)			
<input type="checkbox"/> Gratuity			
<input type="checkbox"/> Transportation i.e.; Tickets – Bus / Other			
<input type="checkbox"/> Print Inmate Checks			
<input type="checkbox"/> Medical			
<input type="checkbox"/> Medication Sent			
<input type="checkbox"/> K.O.P. Meds			
<input type="checkbox"/> Discharge / Follow-up Instruction			
<input type="checkbox"/> Meds Ordered			
<input type="checkbox"/> Medical Appliance Return			
<input type="checkbox"/> Dorm Pack-out			
<input type="checkbox"/> Property Inventory			
<input type="checkbox"/> Property to staging area			
<input type="checkbox"/> Final Parole Plan submitted			
<input type="checkbox"/> Reporting Instructions from P.O.			
<input type="checkbox"/> Parole Field Staff notifications			
<input type="checkbox"/> Final Paperwork to Release Records			

Received for inmate Funds: _____ Medication: _____ Property: _____

Access / Inmate Final Check-out:

Inmate Signature: _____

(Above – Have Inmate sign at time of release as verification)

(Below – Have Inmate initial at time of release as verification)

Given to inmate Funds: _____ Medication: _____ Property: _____
Release Papers from Records given to inmate: _____

Access Officer Name: _____

Signature: _____